



34/5
9-5-01
TICK
~~DNE~~

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE - G.A.U. 2643

35.C10516 Cont. I

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TAKEHIRO YOSHIDA

Application No.: 08/825,585

Filed: April 1, 1997

For: COMMUNICATION APPARATUS
FOR SELECTING A
COMMUNICATION PROTOCOL
COMPATIBLE TO A PRINTER
STATION AND EXECUTING THE
SELECTED PROTOCOL

) Examiner: G. Eng

) Group Art Unit: 2643

: August 30, 2001

RECEIVED

SEP 04 2001

Technology Center 2600

Commissioner for Patents
Box AF
Washington, D.C. 20231

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated February 26, 2001, and from a Notice of Appeal timely filed on August 27, 2001, please amend the above-identified application pursuant to 37 C.F.R. § 1.116 as follows:

IN THE CLAIMS:

Please amend Claims 1, 6, 11 and 18 as follows:

A marked-up copy of Claims 1, 6, 11 and 18, showing the changes made thereto, is attached.



Corres. and Mail
BOX AF

AF | 2643

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE - G.A.U. 2643

In re Application of:

TAKEHIRO YOSHIDA

Application No.: 08/825,585

Filed: April 1, 1997

For: COMMUNICATION APPARATUS FOR
SELECTING A COMMUNICATION PROTOCOL
COMPATIBLE TO A PRINTER STATION AND
EXECUTING THE SELECTED PROTOCOL

Docket No. 35.C10516C

Examiner: G. Eng

Group Art Unit: 2643 RECEIVED

SEP 04 2001

Technology Center 2600

Date: August 30, 2001

COMMISSIONER FOR PATENTS
Box AF
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 24	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$40 \$80	\$0.00
Fee for Multiple Dependent claims \$135°/\$270						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ___ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Registration No. 25,823

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 196572 v 1